

 ANNUAL MANAGEMENT SUMMARY

FISCAL YEAR 2016

OUR MISSION

TO PROVIDE SERVICES THAT

FOSTER MENTAL HEALTH

RECOVERY AND WELLNESS

IN OUR CONSUMERS AND COMMUNITIES

Overview

Fiscal year 2016 reflects the 58TH year of operations of Edwin Fair Community Mental Health Center. In this year of operation, the agency continued to adjust the ever-changing landscape of mental health services in Oklahoma. Edwin Fair CMHC embraced these changes and the future looks bright for the agency, the employees and the consumers that are served.

In 2016 the agency continued to work under the direction of a dedicated Board that led the agency towards growth. The Board added two new members as positions became available in the past year. The mix of senior directors and new appointees has enhanced the diverse insight of the Board. This diversity has formed a strong blend of cooperation that will serve the agency well in the years to come. The Management Team was comprised of

* Gary Wilburn, Executive Director\*
* Melodie Heupel, Clinical Director
* Jamilu Marsh, Chief Administrative Officer

*\*(In February of 2016, Gary Wilburn was relieved of his position and a management team of Melodie Heupel, Jamilu Marsh and Sherryl Jackson was formed to conduct operations in the interim. The board of directors conducted interviews and hired a new Executive Director, Jody Burch, who began in August 2016)*

A review of the year will reflect that Edwin Fair CMHC has approximately 90 clinical and administrative staff personnel who have demonstrated their commitment and dedication to providing quality mental health services in our five county areas.

Edwin Fair CMHC did not have a productive year in the area of financial viability of the organization as we ended the fiscal year at a loss.

Edwin Fair CMCH’s primary funding sources are the Oklahoma Department of Mental Health and Substance Abuse Services and the Oklahoma Healthcare Authority. This fiscal year sustained significant cuts and reductions in their funding affected our agency. The economic downturn in the state continues to create major stressors on the mental health system as the reductions impacted the general service deliveries of the CMHCs state wide.

Edwin Fair CMHC continues to manage well in this environment thus far primarily due to the performance driven compensation coming from the Department of Mental Health via the enhanced tier payment system. It is the direction from the Board, the leadership from the Management Team and the dedicated employees that continually makes the agency an efficient and effective organization while at the same time enhancing access and ensuring satisfaction to those we serve.

Overall Summary of Performance

Edwin Fair Community Mental Health Center’s mission is focus on providing quality mental health services that foster mental health recovery and wellness to our consumers in our five-county catchment area. The following information will be a summary of the agency’s performance in these key areas of service delivery.

* **Active Consumer Count:**

For **FY 2016,** there was an average active count of **2,440** consumers being serviced. This number does not include consumers seen in Crisis Diversion program. This is in comparison to **FY15** of **2,652** active consumers. As you can see by the graph, we have had a slow decrease in active consumers serviced this fiscal year

* **Emergency Services**

The Crisis Diversion Staff provided emergency services to **1267** consumers during the year totaling 1928.6 direct client hours. This compares to **1,104 consumers** during **FY15** and **1,261** during **FY14**.

The Crisis Diversion Staff work closely with hospitals, law enforcement and the individuals in crisis to ensure safety and quick, effective follow-up for those in crisis. Telemedicine is in place currently with three area hospitals to assist with efficient provision of services.

* **Kay County PACT Team**

Kay County’s Program of Assertive Community Treatment (PACT) continues to meet the specialized need of daily support for consumers faced with severe mental health needs. These consumers are at risk for multiple hospitalizations or imprisonment. The team averaged **29** consumers in **FY16** as compared to the previous year’s consumer count of **33** individuals in **FY15**. The maximum number the program can accommodate at its current staff level is **50**.

* **Payne County PACT Team**

The Payne County PACT Team became fully staffed in FY15. This program, like its counterpart in Kay County, is structured to respond assertively in the delivery of mental health services to the consumer. The monthly average of participants in **FY 14** was **27** as compared to the previous year’s consumer count of **36** individuals in **FY15**. This program is currently designed to accommodate **50** consumers**.**

* **Medication Clinics**

Our Medication Clinic also demonstrated an increase in the number of consumers gaining access to needed medication, at the end of **FY16**, there were **793** consumers seen during the year providing **2385** services as compared to a distinct count of **900** seen during **FY15.**

We continue to provide medication to our consumers; however, the actual cost of medication clinic continues to be a loss for us. Our staff has improved in controlling the cost of medication as we have kept the cost of our indigent medication program to a minimum. This has been accomplished by getting more of our consumers signed up on company medications but also integrating Hunter’s Pharmacy as our main source for medications for the indigent populations. Part of this short fall in the program is offset by funding received as a United Way agency in Stillwater for the Payne County Catchment area.

* **Systems of Care**

As of **FY16,** the agency continued to have existing Systems of Care (SOC) initiatives in Kay, Noble, Payne, and Osage Counties. These initiatives remain an integral part of the children’s services of the agency. The average number of clients we had in Systems of Care in **FY16** are: Kay County **23**, Payne **12,** Osage **16**, and Noble **10.** The minimum capacities for these programs are: Kay County **30**, Payne **15,** Osage **15**, and Noble **8**. Systems of Care work has been linked closely with the Health Homes initiatives that began in January 2015.

* **Outpatient Services**

This service continues to be the primary emphasis of our delivery system which includes case management, rehabilitative services, Behavioral Health Home and therapy for adults and children. Many of our staff received additional training in their area of interest with the most notable being the training of our child therapists in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). This provides an important service to those children who have experienced a traumatic event.

Edwin Fair CMHC continues to partner closely with the Oklahoma Department of Mental Health and Substance Services to reduce the number of suicides throughout the state. Several of the agency’s employees were trained in the CAMS (Collaborative Assessment and Management of Suicidality) intervention approach in dealing with suicide ideation.

Employee Retention

Edwin Fair Community Mental Health Center and the State mental health system continue to experience challenges with both recruitment and retention of employees. The number of qualified applicants for the mental health field is limited and the process to secure and retain staff is highly competitive.

The turnover rate for **FY16** decreased compared to **FY15**. Our turnover rate for **FY16** was **33%** compared to the **43%** that was experienced in **FY15**. This ratio represents the total number of employees that left the agency compared to total number of employees.

The agency continues to place emphasis on recruiting and hiring the right individuals and then providing an environment that will foster longevity with the agency.

Responding to Incidents, Trends and Concerns

A Critical Incident Reporting System is required throughout the agency. A critical incident is an occurrence which is inconsistent with the routine care of a consumer, the routine services provided by the facility, the routine operation of the facility, or the safety and security of the facility. Such incidents include, but are not limited to, death, suicide, suicide attempt, consumer self-abuse, consumer injury, staff injury, adverse drug reaction, medication error, property damage, fire, criminal activity, medical emergency, and unauthorized disclosure of information. Also, specifically included are allegations of ethical violations by staff, consumer neglect, physical, verbal, or sexual abuse.

In **FY16** there were eighteen (**18**) critical incidents reported.

Summary of **FY16**:

* Six Deaths due to natural causes and suicide
* Two health issues that had a consumer transported to the local emergency room or urgent care
* Two consumers were hospitalized for self-harm or suicidal ideation
* Three incidents of a consumer or family member falling
* One incident of a consumer exposing himself to staff
* Two incidents of angry consumers where police were called
* Two minor safety issues were reported about employee care.

Trends identified:

* Premature death of those with mental illness due to health issues.

Correction and Prevention Strategies:

* Staff are reminded at annual update and staff meetings to educate consumers on health and wellness. There are monthly wellness talks that our staff offer to clients. Staff are encouraged to regularly check medication compliance with consumers. Staff are encouraged to keep safety in mind always.

Service Audits and Accreditations

Edwin Fair Center participated in several audits, reviews, and surveys during the year. Edwin Fair Center received its three-year certification from CARF in December, 2014 and will be applying again at the end of 2017. Edwin Fair Center met with **“Special Distinction”** the ODMHSAS certification process for the **CMHC Certification** in **FY16**. In this certification, Edwin Fair was also accredited for their Health Home program.

Edwin Fair also received funds from the Stillwater Area County United Way for the outpatient and medication program in Payne County. There is an extensive allocation process that they go through.

Financial Solvency

In the area of financial solvency, the Management Team and the Board of Directors continued their attention on internal controls to address the efficiency of the organization. This included several checks and balances for the administration around financial responsibility and checks and balances for staff in time management. An outside accounting firm was also hired to do accounting for the organization.

This emphasis on efficiency and effective business operations resulted in the agency’s continuation in a financial trend. The certified external financial audit verified a year-end loss of (**$111,316**)

The FY 2015 financial audit was conducted by CBEW Professional Group LLP, Certified Public Accountants. Their findings were very commendable towards the agency and the CAO, Accountant and the AR/AP Departments personnel. The external audit listed no findings or recommendations for the agency.

IMPROVING EFFICIENCY, EFFECTIVNESS, ACCESSABILITY AND CONSUMER SATISFACTION

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**OBJECTIVES FOR 2016**

# EFFICIENT MEASURES

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|  **Challenge:**  | **EFCMHC will continue to strengthen upon the financial solvency of the organization and assure its continued presence and effective operation as a quality provider of mental health services.** |
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| Objective 1:  | Maximize revenues by meeting the mean or better on at least 11 of the 12 enhanced measures that are measured and monitored on a monthly basis by the ODMHSAS.*EFCMHC met the mean or better for all 12 enhanced measures in all four quarters of the ETPS in FY16.* |
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| Objective 2: | Reduce employee turnover rate to less than 20% yearly.*Employee turnover rate was 33% in FY16.* |
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| Objective 3: | Maintain staff productivity rate at no less than the minimum rate of 85%.*Staff productivity was an average of 89.42% for all billing employees in FY16.* |
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| Objective 4: | Our target for Medicaid revenues will be $100,000 per month.*Medicaid revenue was $1,287,654 in FY16.* |
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## OUTPATIENT TREATMENT (ADULTS AND CHILDREN’S PROGRAMS)

***Outpatient Therapy***

***EFFICIENCY:***

**Challenge: Providing consumers with efficient services in a timely manner:**

Objective 1: Maintain at least a score within the mean for the measure established by ODMHSAS for Engagement- 4 services within 45 days of admission.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 2: Inpatient/Crisis unit discharge follow-up within 7 days and Outpatient Crisis follow-up within 7 days. Maintain a score of the mean or better on these two enhanced measures.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 3: Maintain scores within the state average on the percentage of consumers being seen for Medication visit within 14 days of admission.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

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***EFFECTIVENESS:***

### Challenge: Providing consumers the services that facilitate recovery and wellness

Objective 1: 70% of consumers will maintain or improve in their movement towards recovery and wellness as measured every six months on the CDC.

*This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 2: EFCMHC will be at the mean or higher on the enhanced measure of access to services within a five-day time frame from the initial request for services for both adult and children’s services

*This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 4: EFCMHC will be at the mean or higher on the enhanced measure of access to services within a five-day time frame from the initial request for services for both adult and children’s services.

*This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 5: EFCMHC will reduce suicide rates in consumers enrolled following the

 ODMHSAS Zero Suicide initiative through the implementation of

 Columbia Screenings and CAMS Intervention.

*This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 6: EFCMHC will conduct a quarterly quality consumer record review to evaluate and ensure, among others:

(A) The quality of services delivered;

(B) The appropriateness of services;

(C) Patterns of service utilization;

(D) Consumers are provided an orientation to services, and actively involved in making informed choices regarding the services they receive;

(E) Assessments are thorough, timely and complete;

(F) Treatment goals and objectives are based on, at a minimum,

(1) assessment findings, and

(2) consumer input;

(G) Services provided are related to the treatment plan goals and objectives;

(H) Services are documented as prescribed by policy; and

 (I) The service plan is reviewed and updated as prescribed by policy.

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***SATISFACTION:***

**Challenge: Ensure a high level of satisfaction of the consumers served.**

Objective 1: 95% of consumers will be satisfied or very satisfied with program services (measured at least twice per year).

 In surveys, 98% of respondents reported they were “Satisfied” or “Very Satisfied” with program services.

Objective 2: 95% of consumers will report that their needs were met “Completely” or

 “Almost Completely” on consumer surveys.

In surveys, 94.5% of respondents reported that their needs were met “Completely” or “Almost Completely”.

Objective 3: Increase completion rate on consumer surveys by 20%

*Consumer survey completion rate increased by 20%. We had a 65% completion rate compared to 40% the year before.*

***Case Management:***

***EFFICIENCY:***

**Challenge: Providing consumers with efficient services in a timely manner:**

Objective 1: Maintain at least a score within the mean for the measure established by ODMHSAS for Engagement- 4 services within 45 days of admission.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 2: Conducting a Case Management Needs Assessment once every six months.

 *This measure was met. This is done with the treatment plan update which occurs every 6 months. Clients cannot continue services without the treatment plan update.*

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***EFFECTIVENESS:***

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 *This measure was met on all 4 quarters of the ETPS in FY16.*

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| Objective 2: | Maintain scores within the state average on the three measures dealing with CAR scores- improvement in self-care, improvement in medical/physical domain, and in interpersonal skills. This will be measured monthly and noted in the QI/RU report.*This measure was met on all 4 quarters of the ETPS in FY16.* |

Objective 3: EFCMHC will conduct a quarterly quality consumer record review to evaluate and ensure, among others:

(A) The quality of services delivered;

(B) The appropriateness of services;

(C) Patterns of service utilization;

(D) Consumers are provided an orientation to services, and actively involved in making informed choices regarding the services they receive;

(E) Assessments are thorough, timely and complete;

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Objective 3: Increase completion rate on consumer surveys by 20%

*Consumer survey completion rate increased by 20%. We had a 65% completion rate compared to 40% the year before.*

***Individual Rehabilitation:***

***EFFICIENCY:***

**Challenge: Providing consumers with efficient services in a timely manner:**

Objective 1: Maintain at least a score within the mean for the measure established by ODMHSAS for Engagement- 4 services within 45 days of admission.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 2: EFCMHC staff will meet with consumers not less than once per month to review treatment plan goals and modify as needed.

 *Not able to effectively measure. The practice is to meet once per month.*

Objective 3: EFCMHC staff will maintain continuing education to meet state requirements to maintain credentials.

 *This was met and monitored by Compliance Coordinator.*

Objective 4: A library of curriculum will be maintained that is assessable to address a wide variety of skills to be utilized in moving the consumer forward in their recovery.

 *There is a library of Researched based curriculum our BHRS employees has access to.*

***EFFECTIVENESS:***

### Challenge: Providing consumers the services that facilitate recovery and wellness

Objective 1: 70% of consumers will maintain or improve in their movement towards recovery and wellness as measured every six months on the CDC.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

|  |  |
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| Objective 2: | Maintain scores within the state average on the three measures dealing with CAR scores- improvement in self-care, improvement in medical/physical domain, and in interpersonal skills. This will be measured monthly and noted in the QI/RU report.*This measure was met on all 4 quarters of the ETPS in FY16.* |

Objective 3: EFCMHC will conduct a quarterly quality consumer record review to evaluate and ensure, among others:

(A) The quality of services delivered;

(B) The appropriateness of services;

(C) Patterns of service utilization;

(D) Consumers are provided an orientation to services, and actively involved in making informed choices regarding the services they receive;

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(F) Treatment goals and objectives are based on, at a minimum,

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***Medication Management:***

**Efficiency:**

**Challenge: Providing Consumers with Timely service:**

Objective 1: Maintain scores within the state average on the percentage of consumers being seen for Medication visit within 14 days of admission.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 2: Consumers will have needed medications no later than one week after doctor’s visit.

*There was not an effective way to measure this, but the practice was to have medications to the consumer no later than one week. Having Hunter’s pharmacy embedded in the agency has helped this objective.*

**Effectiveness:**

### Challenge: Providing consumers the services that facilitate recovery and wellness

Objective 1: 70% of consumers will maintain or improve in their movement towards recovery and wellness as measured every six months on the CDC.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

Objective 2: Demonstrate expected benefits from medication management at treatment plan reviews.

 *This measure was met on all 4 quarters of the ETPS in FY16.*

**Challenge: Ensure a high level of satisfaction of the consumers served.**

Objective 1: 95% of consumers will be satisfied or very satisfied with program services (measured at least twice per year).

 In surveys, 98% of respondents reported they were “Satisfied” or “Very Satisfied” with program services.

Objective 2: 95% of consumers will report that their needs were met “Completely” or

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In surveys, 94.5% of respondents reported that their needs were met “Completely” or “Almost Completely”.

Objective 3: Increase completion rate on consumer surveys by 20%

*Consumer survey completion rate increased by 20%. We had a 65% completion rate compared to 40% the year before.*

***Crisis Mobilization Services:***

**Efficiency:**

**Challenge: Providing consumers with efficient services in a timely manner:**

Objective 1: On Call worker will call provider within 15 minutes of initial contact.

 *There was not an effective way to measure this, but this is the practice.*

Objective 2: On Call worker will perform crisis intervention within the state guideline time frame.

 *All Crisis Interventions were conducted within 12 hours of receiving the call.*

**Effectiveness:**

### Challenge: Providing consumers the services that facilitate recovery and wellness

Objective 1: EFCMHC will reduce suicide rates in consumers enrolled following the

 ODMHSAS Zero Suicide initiative through the implementation of

 Columbia Screenings and CAMS Intervention.

*There was no effective measurement set up to measure this. However, suicide screenings are conducted in all intakes.*

***SATISFACTION:***

**Challenge: Ensure a high level of satisfaction of the consumers served.**

Objective 1: 95% of consumers will be satisfied or very satisfied with program services (measured at least twice per year).

 In surveys, 98% of respondents reported they were “Satisfied” or “Very Satisfied” with program services.

Objective 2: 95% of consumers will report that their needs were met “Completely” or

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In surveys, 94.5% of respondents reported that their needs were met “Completely” or “Almost Completely”.

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**ACCESIBILITY: Outpatient Treatment (adults and children)**

**All Programs:**

**Challenge: Roadblocks identified in consumer surveys will be addressed.**

Objective 1: Consumers surveyed report a “welcoming” rate of 95%.

 In surveys, 97% of respondents reported that the staff was “welcoming”

Objective 2: Continue meeting the measure on accessibility calls from ODMHSAS for ETPS.

 *This measure was met on 3 of 4 quarters of the ETPS in FY16.*

Objective 3: Additional surveys will be implemented at intake to determine ways to ensure

 services are more accessible as measured by stakeholder’s survey.

*Questions about barriers and suggestions for improvement were asked in consumer surveys and reviewed by management team and the board of directors.*

**Community Based Rehabilitation Programs – P.A.C.T. & S.O.C.**

**SOC Programs**

Systems of Care Programs have their own objectives and their data is reported separately.

**PACT Program**

PACT has their own objectives and their data is reported separately.

FY2016 FINAL SUMMARY

In review, some noteworthy accomplishments were made during FY2016.

* ETPS measures were made or exceeded throughout the year
* Required audits and certification were met with “Special Distinction”
* Supported more than 2,440 people in their course towards recovery and wellness in an effective and efficient process.
* Consumers rated high satisfaction and welcoming staff in surveys as well as reporting that needs were being met.

Although this year met with some financial difficulties for the agency, we will proceed forward to serve the population who would not be able to obtain mental health services in the private practice community. We will strive to move forward in finding more adequate sources of funding for Edwin Fair CMHC to preserve this company’s standing in the community as a respected mental health provider.

**Respectfully Submitted:**

**Edwin Fair CMHC Management Team**